

PTO/SB/21 (09-04)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/800,231
		Filing Date	March 6, 2001
		First Named Inventor	James Crawford
		Art Unit	2667
		Examiner Name	Ramos, Feliciano E.
Total Number of Pages in This Submission	23	Attorney Docket Number	89901

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Fitch, Even, Tabin & Flannery	
Signature		
Printed name	Richard E. Wawrzyniak, Esq.	
Date	November 30, 2004	Reg. No. 36,048

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Sara R. Hart
Date	November 30, 2004

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PTO/SB/17 (11-04)

Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 10/01/2004. Patent fees are subject to annual revision.

FEE TRANSMITTAL
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 578.00**Complete if Known**

Application Number	09/800,231
Filing Date	March 6, 2001
First Named Inventor	James Crawford
Examiner Name	Ramos, Feliciano E.
Art Unit	2687
Attorney Docket No.	69901

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order☒ Deposit Account ☐ None

Deposit Account Number	06-1135
Deposit Account Name	Fitch, Even, Tabin & Flannery

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- ☒ Charge fee(s) indicated below
- ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
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☐ Other (please identify):

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FEE CALCULATION**1. BASIC FILING FEE**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	

Subtotal (1) \$**FEE CALCULATION** (continued)**2. EXTRA CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
31	- 20 or HP = 0	x	=

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
5	- 3 or HP = 2	x 44.00	= 88.00

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

Subtotal (2) \$ 88.00**3. OTHER FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
1-month extension of time	110	55	
2-month extension of time	430	215	
3-month extension of time	980	490	490.00
4-month extension of time	1,530	765	
5-month extension of time	2,080	1,040	
Information disclosure stmt. fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	
Other:			

Subtotal (3) \$ 490.00**SUBMITTED BY**

Signature	<i>Richard E. Wawrzyniak</i>	Registration No. (Attorney/Agent)	36,048	Telephone	858-552-1311
Name (Print/Type)	Richard E. Wawrzyniak			Date	November 30, 2004

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Examiner Name	Ramos, Feliciano E.
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Attorney Docket No.	69901

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order☒ Deposit Account ☐ NoneDeposit
Account
Number

06-1135

Deposit
Account
Name

Fitch, Even, Tabin & Flannery

The Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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☐ Other (please identify):

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Request for oral hearing	300	150	
Other:			

Subtotal (3) \$ 490.00**SUBMITTED BY**

Signature

Richard E. Wawrzyniak

Registration No.

36,048

Telephone 858-552-1311

Name (Print/Type)

Richard E. Wawrzyniak

(Attorney/Agent)

Date November 30, 2004

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DOCKET NO. 69901

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/800,231
Applicant: James Crawford
Filed: March 6, 2001
Title: METHOD AND APPARATUS FOR
DIVERSITY ANTENNA BRANCH
SELECTION
Examiner: Ramos Feliciano, E.
Art Unit: 2681
Customer No.: 22242
Confirmation No.: 3328

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11-30-04 *Sara Hart*
Date Sara Hart

AMENDMENT IN RESPONSE TO
OFFICE ACTION MAILED June 3, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Office Action mailed June 3, 2004,
Applicants provide the following amendment and remarks: